STOP PAYMENT REQUEST

Date: _____ SSN: _____

Student's Name: _____

Address: _____

_____

Email Address: _____@hunter.cuny.edu

Telephone #: _____

Signature: _____

Please include a copy of your photo ID with this form when requesting your stop payment.

_____

***********************Bursar Office Use Only***********************

Check Number(s): _____

Account Number(s): _____

Check Date(s): _____

Check Amount(s): _____

Semester(s): _____